

STATE OF VERMONT

HUMAN SERVICES BOARD

In re) Fair Hearing No. B-06/09-320
)
 Appeal of)

INTRODUCTION

The petitioner appeals the decision by the Office of Vermont Health Access limiting her Medicaid coverage for dental services to an annual maximum of \$495. A telephone hearing in the matter was held on July 9, 2009.

DISCUSSION

The facts are not in dispute. The petitioner is a recipient of Medicaid who has had considerable dental work in the last year, including several fillings. In 2008 she incurred dental expenses well in excess of \$495. The Department has informed her that it will not cover any dental services she has received, or will receive, in excess of \$495 per year.

"Dental services" for persons 21 and over are defined in state and federal regulations as "preventive, diagnostic, or corrective procedures involving the oral cavity and teeth". Such services are "optional" for states to provide under federal law (see 42 C.F.R. § 440.225). Included in Vermont's

list of services covered under this category is "restoration of decayed teeth". W.A.M. § M621.3. However, the Vermont regulations specifically restrict Medicaid coverage for *all* dental services to a maximum of \$495 a year per patient. § M621.4.

At the hearing the petitioner was advised that she could apply for general assistance (GA) if she could show that her dental condition constituted a medical emergency under the regulations governing that program. However, inasmuch as the annual \$495 cap on dental services under Medicaid is clearly set out in the regulations, the Board is bound by law to affirm the Department's decision in this regard. 3 V.S.A. § 3091(d), Fair Hearing Rule No. 1000.4(D).

ORDER

The Department's decision is affirmed.

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